



E UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicants

: Chauhan et al.

Serial No.

: 10/501,819

Filed

: July 19, 2004

Title

: ULTRASONIC TREATMENT OF BREAST CANCER

Docket

: NAY 0005 PA/31558.6

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States

Postal Service as first class mail in an envelope addressed: Patent and Trademark Office, Commissioner for Patents, PO Box 1450, Alexandria, Virginia, on October

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

James E. Beyer

39,564 Reg. No.

Sir:

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS

This is in response to the Notification of Missing Requirements Under 35 U.S.C. 371 in the United Sates Designated/Elected Office (DO/EO/US) mailed October 19, 2004.

Applicants submit herewith a properly signed declaration in compliance with 37 CFR §1.497 (a) and (b). Also enclosed is a copy of the Notification of Missing Requirements (Form PCT/DO/EO/905).

The surcharge in the amount of \$65.00 as set forth in 37 CFR 1.492(e) is being submitted by check.

11/02/2004 MKAYPAGH 00000033 10501819

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65.00 DP

Respectfully submitted,

DINSMORE & SHOHL LLP

By

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SUBMITTED BY

Name (Print/Type)

Signature

James E. Beyer

PTO/SB/17 (10-04)

Approved for use through 07/31/2006. OMB 0651-0032

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(Complete (if applicable))

Date

Telephone (937) 449-6400

October 25, 2004

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FEE	TR	AN	SMI	TTAL
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Effective 10/01/2	2004. Paten	it fees are	subject to ar	nnual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 65.00

espond to a collection of info	ormation unless it displays a valid Oivib control number.
Co	omplete if Known
Application Number	10/501,819
Filing Date	July 19, 2004
First Named Inventor	Sunita Chauhan
Examiner Name	
Art Unit	
Attorney Docket No.	NAY 0005 PA/31558.6

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Deposit Account:	Large Entity Small Entity				
Deposit	Fee Fee Fee Fee Fee Description	Fee Paid			
Account Number	1051 130 2051 65 Surcharge - late filing fee or oath	65.00			
Deposit Account	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet				
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification				
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamina	ion			
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action				
to the above-identified deposit account.	1251 110 2251 55 Extension for reply within first month				
FEE CALCULATION	1252 430 2252 215 Extension for reply within second month				
1. BASIC FILING FEE Large Entity Small Entity	1253 980 2253 490 Extension for reply within third month				
Fee Fee Fee Fee Description Fee Paid	1254 1,530 2254 765 Extension for reply within fourth month				
Code (\$) Code (\$) 1001 790 2001 395 Utility filing fee	1255 2,080 2255 1,040 Extension for reply within fifth month				
1002 350 2002 175 Design filing fee	1401 340 2401 170 Notice of Appeal				
1003 550 2003 275 Plant filing fee	1402 340 2402 170 Filing a brief in support of an appeal				
1004 790 2004 395 Reissue filing fee	1403 300 2403 150 Request for oral hearing				
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceedin	g			
SUBTOTAL (1) (\$) 0.00	1452 110 2452 55 Petition to revive - unavoidable				
	1453 1,330 2453 665 Petition to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,370 2501 685 Offlity issue fee (or reissue)				
Extra Claims below Fee Paid	1502 490 2502 245 Design issue fee				
Total Claims20** = X =	1503 660 2503 330 Plant issue fee				
Claims — -3" = — X — 4——	1460 130 1460 130 Petitions to the Commissioner				
Multiple Dependent =	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Str	t			
Code (\$) Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)				
1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a))				
1203 300 2203 150 Multiple dependent claim, if not paid	1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b))				
1204 88 2204 44 ** Reissue independent claims over original patent	1801 790 2801 395 Request for Continued Examination (RC	_,			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination	⁻			
0.00	of a design application				
SUBTOTAL (2) $(\$)$ 0.00	*Reduced by Basic Filing Fee Paid SURTOTAL (3) (\$) 65.00				
**or number previously paid, if greater; For Relssues, see above Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 65.00					

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(Attorney/Agent)

39,564